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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *MR*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *MR*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/16/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 12
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>MR</i> Examiner's Signature	<i>MR</i> Allowance Initials			

## ADDRESS

23373

## TITLE

Phase shifting wavefront interference method

FILING FEE RECEIVED 1320	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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